Nr.7690 S.

COMBINED DECLARATION AND POWER OF ATTORNEY	Attorney Docket No.
FOR UTILITY PATENT APPLICATION (Includes PCT)	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Blank for the production of a dental shaped body and method of producing said shaped body

		DENTAL TR	REATMENT ELEME	NT		
the specification of	which (check one):	[x] is attache	ed hereto.			
[] was filed on		as Applicatio	in Serial No.		and was arr	nended
on		<u>.</u> .				
	CT international applic er PCT Article 19 on _			(if a	applicable).	nd was
I hereby state that the claims, as ame	I have reviewed and and and and and and and and and an	understand the	e contents of the ab above.	ove-identified	specification, incl	uding
	duty to disclose info of Federal Regulation		is material to the ex	xamination of	this application in	accordance
my or our inventior thereof or more th States of America subject of an inven	do not believe the cla thereof, or patented an one year prior to more than one year tor's certificate issued plication filed by me	or described in this application prior to this ap d before the date	any printed publicat n, that the same wa oplication, that the in te of this application	ion in any cou s not in publi vention has r in any country	untry before my or ic use or on sale i not been patented y foreign to the Uni	our invention in the United or made the ited States of
inventor's certifica	ign priority benefits ur te listed below and filing date before tha	have also ide	entified below any t	foreign applic	cation for patent	for patent or or inventor's
Prior Foreign Application(s)			Priority Claimed			
103 29 802	Germany		01/July/2003		[X]	[]
(Number)	· (Country)		Day/Month/Yea	ar Filed	Yes	No
			Day/March Office	- Filed	[] Yes	[] No
(Number)	(Country)		Day/Month/Yea	arriled		
					[]	[]
(Number)	(Country)	Day/Month/Yea	ar Filed	Yes	No
I hereby claim the listed below:	benefit under Title 35	5, United State	s Code, §119 (e) of	any United S	itates provisional a	application(s)
Application No.	Day/Month/Year F	iled	Application No.	Day/Mo	onth/Year Filed	_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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Post Office Address:

COMBINED DECLARATION AND FOR UTILITY PATENT APPLICA		Attorney Docket No.				
Application Serial No. Filin	ng Date	Status (patented, pending, abandoned)				
Application Serial No. Filli	ng Date	Status (patented, pending, abandoned)				
I hereby appoint the registered practitioners associated with Customer Nos. 25269 and 26127 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all telephone calls to telephone no. (202) 906-8600 and faxes to (202) 906-8669. Address all correspondence to Dykema Gossett PLLC, Suite 300 West, 1300 I Street, N.W., Washington, D.C. 20005-3306. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of						
Title 18 of the United States Code and any patent issued thereon. Full Name of First Joint Inventor Karl-Heinz LEHMANN	I that such willful raise statements m	Date				
Residence: Peter-Krenkel-Str. 24, 64625 Bens	/2/os/cc Citizenship German					
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Full Name of Second Joint Inventor Peter FREY	Inventor's Signature	Date 14.12.05				
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Post Office Address: SAME AS ABOVE						
Full Name of Third, Joint Inventor	Joint Inventor Inventor's Signature Date A4 A2 0 3					
Residence:	Citizenship					
Post Office Address:						
Full Name of Fourth, Joint Inventor	Inventor's Signature	Date				
Residence:	Citizenship					